

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7562

State File No.

FILED FEB 23 1954 BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Person</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp 4-4-2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield 1120 1</u>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Bruce</u> c. (Last) <u>Crawford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18 - 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 8 - 1881</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Month Day	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MO</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James P Crawford</u>	
13b. MOTHER'S MAIDEN NAME <u>Frankie Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest E. Crawford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hosp Records</u>		ADDRESS <u>Person</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arterio Sclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerotic Heart Disease</u> <u>Psychic</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Phys</u> <u>10:50</u> to <u>Feb-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>54</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W. A. Street M.D.</u>		23b. ADDRESS <u>Nevada Miss.</u>	
23c. DATE SIGNED <u>2/18/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 22 1954</u>		24c. NAME OF CEMETERY OR <u>Black Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>Webster County Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-20-1954</u>	
REGISTRAR'S SIGNATURE <u>Anna S Ferris</u>		451 25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Banta</u>	
ADDRESS <u>Marshfield, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Glen S. Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.